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BLACE			
PLACE OF DEAT	['] H ∠	RIZONA STATE D	R. A. WATKING PRINTING CO.,
County Joach	BUREAU	ARIZONA STATE BOOK OF VITAL STATISTICS	OARD OF HEA
District Sallor	d	OF VITAL STATISTICS	State Index No
Or City Public	ORIGINAL C	ERTIFICATE OF DEATH	County Registered No
	**********	THE OF BEATH	Local Registrar's No
	No.		
	III death occurred in a Hospi	ital or Institution, give its NAME	St.
FULL NA	AME James	Lewis For	A street and no
PERSONAL AND ST	ATISTICAL PARTICULAR		
	TO	S MEDICAL CERT	IFICATE OF DEATH
1 0 White I		DATE OF DEATH	OF DEATH
Male Black C	haese WID WED	·	
DATE OF BIRTH	or DIVORCED		(Month) (Day)
***************************************		I hereby certify that I -44	
AGE	(Month) (Day) (Yea	The state of the s	ended deceased from
yrsmos	If less than 1 da	1910 to 191	; that I last saw h
OCCUPATION	/A	97.	that dant.
(a) Trade, profession or		stated above at A.M. The	e DISEASE on INTERNE
(b) Conserved of Work	1	Death was as follows:	remedel. 12
(b) General nature of inc	lustry.	.	
(a) Trade, profession or particular and of work (b) General nature of incoming the business, or establishment which employed or (employed or (emp	in South	2	
BIRTHPLACE	oloyer)	<u>}</u>	
BIRTHPLACE (State or country)	austry, in lloyer)	(Duration)	yrs mos dove
BIRTHPLACE (State or country) NAME OF	oloyer)	(Duration)	yrs mos dove
BIRTHPLACE (State or country) NAME OF FATHER	oloyer)	<u>}</u>	yrs mos dove
BIRTHPLACE OF BIRTHPLACE OF BIRTHPLACE OF	oloyer)	(Duration)	yrs. mos dove
BIRTHPLACE OF FATHER BIRTHPLACE OF FATHER STATE (State or country)	oloyer)	(Duration) Was disease contracted in Ar If not, where? CONTRIBUTORY	yrs mos days
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